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ORIGINAL ARTICLES

PREECLAMPTIC TOXEMIA.*

By H. G. Partridge, M.D.

Providence, R. I.

I have been prompted to write of this condition because within the past five months there have been more cases of it than we have ordinarily seen in the space of three years, and because therefore it seems desirable to review our knowledge of it with especial regard to the diagnosis and treatment.

Pregnancy in most cases is unaccompanied by any serious or significant subjective or objective symptoms. But, as Williams wisely remarks, the border line between health and disease is not sharply marked, and every pregnant woman should be watched carefully for any evidences of a disturbed metabolism, due to her condition. One of the most important and many-sided departures from the normal is the condition known as the Toxemia of Pregnancy.

This term was formerly used to describe only what we now know as preeclamptic toxemia. Within the past few years, however, we have come to recognize that various symptoms other than those of eclampsia are really toxemic in nature, and within the classification of the toxemias are now included Pernicious Vomiting of Pregnancy, Acute Yellow Atrophy of the Liver, Ptyalism, Neuritis, and Acute Exacerbation of a Chronic Nephritis.

Etiology.

Much has been written as to the etiology of the toxemia of pregnancy, but up to the present time no theory has been propounded which has gained general acceptance. We are certain that there is a toxin which produces the symptoms, but we do not know its exact nature or its exact origin. We can reason that it may be due to some fault in the placenta or to some disturbance of the metabolic processes of the mother, but of neither of these theories have we any definite proof, and the very fact that each year new views are brought forward proves that we have but little positive knowledge. It is to be hoped, and I believe to be expected, that with the newer methods of research, the true cause will soon be discovered. When it is, we may confidently look for great advances in the prevention of the toxemia.

Of all the types of the toxemia of pregnancy the most common, and therefore the most serious, is that known as preeclamptic toxemia. This, if not responding to treatment, leads to convulsions, or eclampsia. There is no essential difference between the two, except the single fact of the convulsive seizures, so that in this paper the two will be considered as different phases of the same disease.

Pathology.

The pathology of this affection is like that of all types of the toxemia of pregnancy. There is found an acute inflammatory condition of the kidney, of varying degrees of severity, with the kidney swollen and congested, and microscopically presenting evidences of cell degeneration, and even hemorrhagic areas. The liver shows a condition similar to that seen in acute yellow atrophy, with areas of necrosis around the portal vessels, and scattered spots of hemorrhage. The whole picture is one of a severe involvement of the organ, and is found in most cases of eclampsia. It is believed therefore that in all cases of preeclamptic toxemia, there are such changes, though of course in lesser degree. We are not so sure as to the findings in these cases, because few come to autopsy. Our reasoning is therefore largely on analogy. In any given case, the changes in either organ may predominate, and the symptoms vary accordingly.

Various observers have noted other pathological changes, but they are so inconstant that it is highly probable that they are only incidental. It may be said, therefore, that the important lesions are

*Read at the Annual Meeting of the Rhode Island Medical Society, June 5th, 1924.

those in the liver and kidney, and the symptoms of the disease are due to those lesions. As has been said, the toxin producing the changes is not known.

Incidence.

The disease occurs more often in primiparae, in about sixty per cent of the cases. It is also common in twin pregnancy, and in hydramnios. It is frequently seen in multiparous women between thirty and forty years of age. Some writers have asserted that in all such instances, there must have been a previous nephritis, but I have had a considerable number of cases in which I was positive that the patient had been well prior to the pregnancy. I feel, therefore, that women during the later part of their child-bearing period are almost as prone to the disease as are the young primiparae. It occurs usually in the sixth to ninth month of pregnancy, *i.e.*, the latter third of the period.

Symptoms.

The symptoms vary in severity and in number. In many cases a rise in blood pressure is the earliest evidence of trouble which is found. The normal blood pressure of a pregnant woman is low—readings as low as 90 systolic, 60 diastolic being not at all uncommon. The usual pressure of a patient in the latter third of her pregnancy is between 110 and 115, systolic, and 60 to 75 diastolic. When the pressure is found to be rising, on successive takings, at intervals of two or three weeks, or oftener, it should always be considered as a warning of danger ahead. For instance, if the systolic pressure is found to be 120, then 130, then 135, and then 140, there is need for careful observation, and frequent pressure readings, even if there are no other evidences of trouble, and even if the patient does not seem in any particular not to be absolutely well. If the pressure goes beyond 140, having previously been low, treatment should be begun.

I consider a rising blood pressure as the most significant symptom of preeclamptic toxemia, and I wish to urge as strongly as I possibly can, the paramount importance of frequent observations of the pressure. It may go to an excessively high reading, 240 being the highest I have seen in pregnancy. Pressures of 180 or 190 are common, and this pressure may be sustained in spite of treatment, or until the uterus is emptied. I have noted that the diastolic pressure is less affected by emotion or pain, or any other extraneous circumstances than is the systolic. It is always elevated, as would be expected, the usual diastolic pressure with a systolic reading of 180 or 190 being about 110 or 115, and as a rule it does not go above that point, even though the systolic pressure is considerably over 180.

As I have intimated above, very rarely, the blood pressure may be elevated, even to 200 or more, without any other definite symptoms showing. In such instances, the danger of convulsions is no less great, because of the lack of morbid signs, and in fact in all such cases that I have seen, sooner or later other evidences declared themselves.

In almost all cases, with the rise in blood pressure there soon appear albumen and casts in the urine. The amount of albumen may be very great—as much as 1.5% estimated by the Esbach method. The average amount is about .3 to .5%. This is a large enough amount to render the urine nearly solid on boiling. I prefer always to use the Esbach method for quantitative analysis, because by so doing the amount from day to day can be determined more accurately than by any other method. This is a matter of some importance, often influencing our treatment.

Hyaline and granular casts, and occasionally red blood cells are found on microscopical examination. The amount of urea is decreased, and we formerly attached much importance to this. Of late years, I have ceased to estimate it, believing that the blood pressure is a much better index to the true condition of the patient than is the percentage of urea.

The total amount of urine excreted in the twenty-four hours is decreased, and in some instances may be as little as three or four ounces. It is dark in color, and in the event of eclampsia is often smoky, an appearance which is very characteristic.

There is usually edema of the feet, ankles and legs, and a puffiness of the face, eyelids, and of the hands. A number of patients snore in their sleep—a symptom which I have often elicited on questioning the husband. I have attributed it to edema of the uvula and palate.

A good many patients present the three symptoms enumerated without a single other sign of ill health. I have often remarked that these women would submit more gracefully to the restrictions imposed by treatment if they had some pain, or even uncomfortable feelings. It is surprising that a patient will consider herself well, when she has a blood pressure of 180 or over, but I have noted also that after the patient was well again, she would realize, on looking back, that she had not been in her usual good health, although at the time she did not appreciate the fact. There is usually headache, occasionally violent; it is persistent, and not relieved by the usual means. A headache coming on during labor is very significant, almost never occurring except in toxemics, and it should at once direct attention to the blood pressure and urine. In my experience, a patient who develops a headache during labor in almost every instance has one or more convulsions either during or after the labor.

There are various symptoms affecting the eyes. There may be "specks before the eyes," *muscae volitantes,* or the patient may see various colored lights, or the sight may be dimmed, or hazy, or, as is frequently the case when convulsions occur, there may be absolute blindness. The ophthalmoscope shows edema of the retina or retinal hemorrhages.

These eye symptoms are of extreme gravity, and should always be considered as an indication for most vigorous treatment. They may be seen early or late in the course of the disease, but when seen they indicate a very severe type of toxemia, with imminent danger of convulsions.

Epigastric pain is observed in the majority of cases. This is almost pathognomonic, in a pregnant woman who shows any other of the symptoms enumerated. It is a very severe boring pain, just below the ensiform cartilage, and is often mistaken for indigestion. The character of the pain, as described by patients, seems to me to be quite different from that of indigestion, being more constant, and not as sharp. Before prescribing for an attack of indigestion, in a pregnant woman, the blood pressure should always be taken, and the urine examined, if possible. There is sometimes nausea and vomiting, varying from a slight nausea to a severe form, almost equal to the true pernicious vomiting of the early months of pregnancy.

In very rare instances there is seen a fulminating, overwhelming type of toxemia, which terminates in death in a few hours. It is characterized by a somnolent condition, or even coma, with a high temperature, a rapid and weak pulse, and almost complete suppression of urine. This usually comes on suddenly, and while it is probable that in all such cases, careful examination of the patient, immediately before the onset, would have revealed some untoward symptom, in all of these that I have seen, no history of illness or discomfort has been obtainable.

If the symptoms which have been described persist, or are not improved by treatment, the condition known as eclampsia follows. This term is applied to one symptom only, namely convulsions, which, caused by the preeclamptic toxemia, occur before, during or after labor. It would seem, in view of our present day knowledge of its causation, that it would be better to speak only of preeclamptic toxemia, inasmuch as all patients who have eclampsia have the toxemia. In other words, we have for many years designated as a separate entity one manifestation of the disease, whereas it is only a part of the picture.

The premonitory symptoms of eclampsia are identical with those of preeclamptic toxemia, and eclampsia is only a final and exaggerated phase of them. It is safe to predict, I believe, that in time we shall cease to write and speak of the two under different headings, and shall look upon the convulsions as only one of the evidences of the general disease, just as we think of the rash in measles or scarlet fever only as one manifestation of the disease.

Taking this view of eclampsia, we have nothing further to add as to the etiology or pathology, and time will not allow of a detailed study of the different aspects of it. Suffice it to summarize by stating that convulsions do occur in cases of preeclamptic toxemia, and that the incidence of them has a marked bearing upon the prognosis and treatment.

Diagnosis.

Chronic nephritis is the only condition in which the symptoms simulate preeclamptic toxemia, and even in such cases, the differential diagnosis is not

of extreme importance, because in either disease marked increase of symptoms calls for identical treatment.

In cases of chronic nephritis, the albumen is found in the urine much earlier in pregnancy, the blood pressure may not rise progressively, but is more likely to be above normal from the first; edema is not as great, and headaches are not as severe. Epigastric pain is rarely seen, and eye symptoms are not as common. In general, these patients do not seem as sick as those who have preeclamptic toxemia, but on the other hand, they do not respond well to treatment and often deliver themselves spontaneously, before convulsions occur.

Prognosis.

Preeclamptic toxemia is potentially one of the most dangerous complications of pregnancy. If in a given instance, the symptoms become less marked under treatment, the prognosis for the mother is good, and the pregnancy may go on and the child be normal; if, on the other hand, the symptoms do not respond, or become aggravated, or even go on to convulsions, the danger is much greater, because the mortality in eclampsia is from 15 to 20%.

If convulsions do not occur, practically all patients will recover, and will completely regain their normal health, the blood pressure dropping to normal, and the albumen disappearing from the urine, within a week or two.

It is a peculiar fact that one attack appears to protect from subsequent attacks, patients very rarely showing any toxemia symptoms in later pregnancies.

For the baby, the prognosis is not as good. Toxemia lasting for some time before the delivery of the child is very likely to cause its death, and even if it is born alive, it is apt to be feeble, and not of normal vitality. This fact is of importance in considering treatment, and should always be borne in mind. In other words, it is sometimes harmful to the child to delay the emptying of the uterus, even though the mother's symptoms are not becoming worse.

Inasmuch as we do not yet know the toxin, or other cause which produces this disease, it is futile to consider any specific method of preventing it. It appears in women who are robust, and who have always been in perfect health, as well as in women who are not especially strong, and so far as I have been able to see, the mode of life of the woman has no bearing upon the incidence of the syndrome. To express it a little differently, but perhaps more vividly, we know that of every hundred women seen during the first six months of pregnancy, some will show some signs of preeclamptic toxemia, later in the term, but we cannot even guess which individuals will be so affected. We can, however, do much to prevent the symptoms from becoming so urgent as to threaten the patient's life, and much can be done to ward off eclampsia.

It has been pointed out that the blood pressure is the most important criterion as to the patient's condition. If we could see our patient twice a week, it is probable that we would discover a rise in the pressure very early, and by immediately placing her under active treatment, avoid really severe symptoms, in the vast majority of cases. This cannot be done, however, in actual practice, but if we can see these women every three weeks, we shall be able to discover most of the cases of the toxemia. The statement has been made that eclampsia should always be a preventable disease. My own observation has shown that this is not always true, for I have seen several cases develop within twenty-four to thirty-six hours, with no premonitory signs or symptoms. These instances are fortunately rare, and it is fair to say that under careful observation, few instances of eclampsia will occur.

If the blood pressure is rising, or albumen appears in the urine, or any of the symptoms described develop, there are certain lines of treatment to be adopted.

First of all the patient should stay in the house, and remain as quiet as possible, without actually being in bed. It is well for her to take a very hot tub bath each night, on retiring, in order to stimulate the skin. The diet should be restricted at once, no meat, fish or eggs being allowed, and if the symptoms are urgent, nothing but milk should be given. Free catharsis should be produced, preferably by magnesium sulphate, a dose being given each morning, sufficient to cause two or more watery movements.

The kidneys should be stimulated, and for this I prefer cream of tartar water, one dram to the

pint, flavored with lemon, to be taken in as large quantities as possible. In passing, I would mention that cream of tartar purchased at the apothecaries' is much more reliable than that obtained at the grocer's. Other diuretics do not seem to be as efficacious.

If these measures do not bring about lessening of the symptoms, the patient should be made to stay in bed, and she should be given colonic irrigations. This form of treatment has been introduced within the past ten years, and is of much value. It is described by no author except Cragin, and even the most recent books on obstetrics have no reference to it.

The technique is as follows: The patient is placed upon her left side, and a two-way tube inserted from eight to ten inches into the lower bowel. From two to six gallons of warm water are run in slowly, at a rate such that it will take from one-half to one hour for the entire quantity of water used. This should flow out by the return tube. If it is given too rapidly, it causes abdominal cramps, and is most uncomfortable for the patient. I have been in the habit of using about six gallons of water. These irrigations should be given not oftener than every eight hours; I usually order them given twice in the twenty-four hours. If given oftener, a good deal of rectal irritation is caused. This method of treatment is based upon the theory that the toxins are removed by osmosis through the intestinal wall.

In many cases under the scheme of treatment outlined, the blood pressure drops, the amount of albumen decreases, and the headache is relieved. When this is so, it is safe to allow the pregnancy to go on, but under the closest observation. If, however, as is more often the case, there is no improvement, the pregnancy should be terminated, in the interest of the mother, and also in the interest of the child, if it is viable, for as has been said, the children born of toxemic mothers are apt to be weaklings, and are much handicapped, and after a certain point nothing is gained for the baby by allowing the pregnancy to progress. When the amount of albumen remains .2 or 3%, or the blood pressure is 180 or over, the danger to the mother is so great that labor should be induced at once; it should be done, also, if improvement is not pronounced within three or four days of active treatment. It is obvious that no hard and fast rule can be laid down as to this, for the whole picture must be considered. I have mentioned only some of the absolute indications, but in general it may be said that if the patient does not improve under treatment, she will probably sooner or later get worse. We should try to forestall this increase in the severity of the symptoms, and thereby prevent eclampsia.

The technique of the induction of labor, and the treatment of eclampsia are both topics of so much importance as to be worthy of separate discussion, so that they will not be considered here.

After the uterus is emptied, no matter at what period of the pregnancy, the improvement is very striking. Within two days the blood pressure drops, and within two weeks it is usually normal. The amount of urine excreted is often enormously increased, even to two hundred ounces in the twenty-four hours; at the same time, the albumen decreases, and soon disappears, and there remains no sign in the urine of the previous severe involvement of the kidneys. In short, at the end of two weeks, or thereabouts, in the great majority of cases, the patient is well, although of course, she is often anemic, and not very strong. There is no disease in which the results of treatment are more marked.

THE UTERUS DURING THE PUERPERIUM.*

By I. H. Noyes, M.D., F. A. C. S.

Providence, R. I.

The importance of prenatal study and care of pregnant women is now generally recognized and its value firmly established. More recently, however, has the postnatal period begun to receive the attention which so important a phase of obstetrics deserves.

Return clinics at maternity hospitals were rather the exception until within a few years and many physicians were satisfied to discharge their patients, if well, at the end of two or three weeks.

The process of involution of the pelvic organs is of considerable importance and we know that many weeks are necessary for its completion. Its

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*Read at the Annual Meeting of the Rhode Island Medical Society, June 5th, 1924.

normality is usually in direct proportion to that of the delivery and to the asepsis with which it has been conducted, as proper involution is largely dependent upon the absence of trauma and infection.

Strict asepsis, infrequent vaginal examinations, resort to operative interference only when definitely indicated, and immediate careful repair of lacerations will always be of primary importance in assuring a satisfactory puerperium.

We cannot assume, however, that because these rules of conduct have been faithfully obeyed, normal involuntary changes will always ensue. Pathogenic organisms frequently exist in the genital tract and mild infection must be relatively frequent, as the placental site in the uterus and abrasions in the lower portions of the birth canal offer sufficient opportunity for their growth. Infection is likely to result in subinvolution, which in turn, favors retroversion.

The question arises, does the occurrence of retroposition deserve any special consideration in view of the report that the condition existed at the Mayo clinic in 20% of a thousand unmarried women with no record of pelvic infection, pelvic tumor, or pregnancy[1], and of Polak's statement that approximately one in every five women has a backward displacement of the uterus[2]?

The first report would lead us to believe that retroposition is normal for a fifth of all women in whom nothing has occurred to create pelvic pathology and furthermore, that there seems to be little difference in the character and incidence of symptoms as a whole between these women and those with anteposition.

What happens to women of this type if, during the puerperium, retroversion again takes place? The report from the Mayo clinic states that their statistics show that, while congenital retroposition often does not cause symptoms, the acquired condition following childbirth gives rise to them more frequently in the cases of congenital retroposition than in the cases of anteposition. Polak has stated that congenital retroposition is without significance symptomatically unless marriage, infection, or pregnancy occurs, any one of which means increased congestion[3].

Certainly increased congestion during the involuntary period is not desirable but we believe that it is an inevitable result of retroversion or retroflexion with its attendant interference with venous circulation.

If subinvolution favors backward displacement and this in turn further retards involution, a vicious circle becomes established and an effort should seemingly be made to combat either condition.

In order to ascertain the time of occurrence, frequency, and accompanying symptomatology of post-partum retroposition, the case records of two hundred patients were reviewed. Half of these were private patients and the others were patients personally examined at the follow-up clinic of the Providence Lying-In Hospital. The results were as follows:

Of 152 patients examined between the eleventh and twenty-first days, 11% showed retroposition of second degree or more. The incidence was greater in the private cases than in the clinic cases. This is attributed to the fact that many of the private patients were examined during the third week, whereas nearly all the clinic patients were examined for discharge on the eleventh day.

Of the 200 patients examined between the fourth and twelfth weeks, 42% were found to have retroposition of second degree or more. The incidence was almost identical in clinic and private patients.

In 72% of the eighteen patients with retroposition at the early examination, the same condition was present to an equal or greater degree at the later examination.

In considering symptomatology, bloody discharge, continuing after the third week, and low backache were chosen as the most important. One or both of these symptoms were present in 50% of sixty-one patients in whose records their presence or absence was definitely noted. For comparison the records of those with anteposition were examined for the same symptoms and it was found that 33% of eighty-seven patients whose records mentioned their presence or absence complained of one or both

Clinic patients with retroposition were mostly referred to their physicians or some gynecological clinic for treatment. Of the forty-one private patients with this condition, the pessary was used in 48%. Its use was entirely satisfactory in 60%, partially satisfactory in 15%, and unsatisfactory in 25%.

If, on the basis of these findings which compare more or less closely with the more extensive observations of others, we may assume that retrodisplacement during the puerperium should be prevented when possible and corrected when it occurs, it becomes necessary to consider what prophylactic measures may be adopted to lessen its frequency and what corrective procedures are applicable when prophylaxis fails.

The prime importance of a well conducted labor has already been emphasized. We are next brought to a consideration of post-partum care. During the first week involution practically never progresses to such a degree that the fundus can fall back beneath the sacral promontory. In the second week, however, this can occur and does occasionally, as noted in our series. It is at this time that preventative measures should be instituted.

Patients should not lie constantly on the back but should spend a large part of each day on either side and on the abdomen, and the knee chest position should be taken for five or ten minutes once or twice a day, the buttocks being separated until the vagina has become distended with air and deep breathing practiced with the muscles of the back and abdomen well relaxed.

Urination should not be postponed until the bladder is distended as this of necessity pushes the uterus into a position of partial retroversion when intra-abdominal pressure may come to bear on its anterior surface and promptly convert it into the complete variety.

Straining to empty the lower bowel, while in the recumbent posture, especially in the presence of a well-filled bladder, is also to be avoided for the same reason.

To allow patients out of bed with the fundus still high above the symphysis and the lochia profuse and bloody is entirely unjustifiable. They should be treated individually rather than by routine.

Anything which improves the general tone of the overstretched abdominal muscles, through its effect on intra-abdominal pressure, improves the pelvic circulation. Therefore we believe that early adoption of a few simple exercises which bring these muscles into action is beneficial. These and the knee chest position should be continued over a period of several weeks or months.

Beck[4] first called our attention to the prophylactic and corrective value of having patients practice walking on all fours or as Polak terms it, "the monkey trot"[2]. Both believe that by this means their percentage of retropositions has been materially reduced.

If, towards the end of the second week, it becomes apparent that involution is not progressing satisfactorily, as shown by the height of the fundus and character of the lochia, an ice bag should be applied over the uterus, a large hot douch given once or twice daily and repeated doses of ergot administered by mouth.

As has been stated, most of the displacements in our cases occurred later than the eleventh day.

In view of this fact, a second examination should be made from four to six weeks after the delivery, as at this time the tissues of the genital tract are usually sufficiently firm to permit reposition.

It is not always wise, however, to attempt immediate reposition, but rather to first devote ten days or two weeks to frequent use of the knee chest position, if this is not already being done, and to depletion by means of hot douches and vaginal tamponage with boro-glycoride.

Occasionally these measures alone successfully effect reposition but, in any case, better involution has been obtained which not only makes it easier to replace the uterus but also to maintain it in proper position by means of the pessary.

The pessary is usually not advised prior to the sixth week and, after its insertion, the knee chest position should be continued. It is also important to see that the displacement does not recur as, should this happen, the condition may become a retroflexion which is more difficult to correct.

The use of the pessary should be continued until the process of involution is believed to be complete. If, after its removal, the uterus again becomes retroposed, but the pelvic organs are otherwise normal and the patient remains symptom free, the condition may perhaps be considered one of uncomplicated retroversion and left untreated.

There are other patients, however, who cannot be returned to the uncomplicated class. The stress and strain of labor has more or less permanently damaged the supports of the bladder, uterus, rectum, or pelvic floor, leaving a potential cystocele, prolapse, or rectocele. In these women retrover-

sion, when left untreated, may become the initial factor in the occurrence of one or more of these conditions. We know that prolapse can hardly occur without it and, as the uterus descends, it inevitably drags with it the vaginal walls.

Consideration of these conditions takes us beyond the period of the puerperium and into the realm of gynecology but we believe that the intelligent application of the principles of obstetrics, giving due consideration to the prenatal, natal, and postnatal periods, plays a very important role in preventative gynecology.

Conclusions.

(1) That retroposition of the uterus is found more frequently during the puerperium than at any other time.

(2) That it usually occurs later than the eleventh day.

(3) That its occurrence prior to the completion of involution frequently retards that process and gives rise to symptoms more often than does simple uncomplicated retroversion.

(4) That the condition is of sufficient importance to justify the use of prophylactic measures in an attempt to lessen its frequency and corrective procedures when it occurs.

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[1]Leda J. Stacy, Jour. A. M. A., 79: 793, Sept. 2, 1922.
[2]J. O. Polak, N. Y. Med. Jour., 111: 89, Jan. 17, 1920.
[3]J. O. Polak, Personal Communication.
[4]Alfred C. Beck, Am. Jour. Obst., 76: 75, 1916.

COMMON SENSE IN OUR TREATMENT OF DELINQUENTS.*

Mr. President and Gentlemen; I rather appreciate the introduction the President gave me after what apparently the Secretary says somebody said here some weeks ago. Well, all I can say as to that is, if there is any commission up at the State House that feels that they may be in the air floating around, let them come down to earth with their criticisms. He explains his criticism by saying he put that up to the Attorney General. They put everything up to the Attorney General. This afternoon I have been laboring all the afternoon to convince a commission that they ought to go down Narragansett Bay and take an oil boat off the rocks. They said they had nothing to do with it and it must be up to the Attorney General's department. Nevertheless, we are perfectly willing to hold the buck.

This afternoon the President told me that what I had to say would be in the nature of bringing out a discussion. I may diverge somewhat from the subject he gave me, but for a year and a half or more I have been thinking over with a great deal of thought the problems that face the doctors and the lawyers in carrying out the provisions of our criminal laws. I want to be an idealist tonight, a sort of dreamer, and I want to bring to the minds of the gentlemen here a social structure, as it were, built we will say of bricks, each brick to represent a unit in the social system, each brick having its part to play in that social structure, each unit made up of a personnel, each unit made up so that it cannot be replaced by another personnel. That, it seems to me, is a sort of idealistic way we may say, but nevertheless it is a practical way of picturing the social structure of our city, state or nation.

Now, one of those units commits some breach of the law, violates some law that is punishable by imprisonment we will say. Now he commits that breach and necessarily we must pluck him from that social structure, that social building. Now the question that comes to lawyers, and not infrequently to doctors, is whether we shall keep him forever out of that social structure, or whether we shall so act in carrying out the provisions of the criminal law that we may in time replace that personnel back in that structure. And I believe it is the duty of the courts and of the prosecuting officers and of doctors to wake up and help us with the carrying on of the criminal law with a great deal of sense. It is their duty to sort of plug together and see if they cannot some way, some how, the sooner the better, place that unit back in that structure. Now I don't care what the crime is, I don't care how it was committed, I believe that sooner or later that unit, that personnel, must be placed back in the social life of our city, state and union, and if we would exert every power and every influence we can replace that

(*Continued on page 159*)

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*Address by Herbert L. Carpenter, Attorney General of the State of Rhode Island, before the Rhode Island Medico-Legal Society, April 24, 1924.

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Meets the third Thursday in each month excepting July and August

T. EDWARD DUFFEE	*President*	Pawtucket
ROBERT T. HENRY	*Secretary*	Pawtucket

PROVIDENCE

Meets the first Monday in each month excepting July, August and September

GEORGE W. VAN BENSCHOTEN	*President*	Providence
P. P. CHASE	*Secretary*	Providence

WASHINGTON

Meets the second Thursday in January, April, July and October

F. E. BURKE	*President*	Wakefield
WM. A. HILLARD	*Secretary*	Westerly

WOONSOCKET

Meets the second Thursday in each month excepting July and August

A. A. WEEDEN	*President*	Woonsocket
THOMAS S. FLYNN	*Secretary*	Woonsocket

Section on Medicine—4th Tuesday in each month, Dr. Charles A. McDonald, Chairman; Dr. C. W. Skelton, Secretary and Treasurer.

R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President Dr. Frank M. Adams, President; Dr. Jeffrey J. Walsh, Secretary-Treasurer.

The R. I. Medico-Legal Society—Last Thursday — January, April, June and October. Dr. H. S. Flynn, President; Dr. Jacob S. Kelley, Secretary-Treasurer.

EDITORIALS

THE DEVELOPING MIND OF THE CHILD.

Whatever opinion one may entertain concerning some of the pronouncements of the New Psychology, there is this to be said for it, that it has had the good sense to assume the genetic point of view in its study of the mind. The old psychologists were content to describe, for the most part, the mental activities of the adult; and of these activities, the cognitive processes absorbed the lion's share of attention. Hence the long, intricate and not always illuminating discussions about perception, conception, apperception and the rest of it. We all know of the dialectical tournaments, carried on in excelsis, between the warring schools of our ancestors who were chiefly interested in the intellectual aspects of mental processes; and hence, for physicians, the older psychology was rather of academic than of practical interest. On the other hand, for the newer psychology, the mind is a growing structure, to be studied in its origins and development as well as in its completed form.

Moreover, the dualism of mind and body is no longer allowed to disrupt the real unity of the personality, and today we hear professors of physiology discoursing to us about the "psychic juice" secreted in our stomach, while our brethren of the surgical craft, who have had a bad reputation for viewing human beings as machines, are sincerely interested in the emotional condition of a patient about to be operated upon for, let us say, a toxic goitre. To the modern surgeon a morbid fear is quite as much within the medical horizon as any visceral disorder and the modern physician has learned that the removal of an angry appendix is necessary to the relief of many cases of "nervous indigestion."

Now we are all agreed that in the plastic years of childhood lies the golden opportunity, so potent for good if wisely used, so full of ill if allowed to pass, when mental and bodily habits can be formed and consolidated for the future well-being of the individual. As the twig is bent the tree's inclined. We are led to these reflections by the recent experience of a young man who has been literally compelled to give up his studies for a professional career and to become a virtual prisoner in his own home because of a mob of morbid fears which began in childhood, increased with each year, were observed but not corrected by his parents who held the pernicious notion that he would "grow out of them," and which have now become so tragically insistent that they bid fair to wreck his ambition and his happiness. The sad thing about the whole business is this—that in his childhood and ever since, his every complaint of bodily discomfort was sedulously attended to, while he was permitted to weave into the texture of his mind those morbid fears which are now making his physical health more of a burden than a help. And yet something might have been done when he was a child to rescue him, in some part at least, from his present predicament. Intellectually his equipment is adequate, but emotionally he is crippled, and so he must continue to be one of those unfortunates for whom our complicated modern society has scarcely any place.

As physicians we are constantly meeting with such patients as this young man who is no more than one instance of a large group which comprises children and adolescents of all ages, from every social stratum. Yet it is not especially difficult when one is on the lookout for them, to discover these potential misfits. Their mental and temperamental characteristics are fairly obvious; indeed more obvious than are some of the more obscure physical and chemical perversions which our diagnostic procedures reveal to us. These are the children who are too reticent, who are dissolved in tears by every storm of emotion, who are smothered by an overabundance of parental love, who demand to be always in the center of the stage, who cannot play agreeably with their young companions, who are afraid of the dark, and who cannot withstand without shrinking, the ordinary slings and arrows of daily life. Sometimes they are precocious, and their parents delight to show them off, little realizing the harvest of future trouble they may be sowing. Again, these youngsters may be monstrously selfish, with a selfishness so ingenuous and subtle, that by its masquerading, it deceives even the elect. And so it is that a type of character is developed which will later on result in morbid fears, hysterical squalls and all that motley throng of neuroticisms which invite and yet defy, the ministrations of pedagogues and physicians. Well then, it would seem to follow that while the intellect should be trained and refined, the emotions and the will should be so disciplined and strengthened that the growing child may develop something more than social handicaps. And if this is so, may one venture to suggest that we physicians, when we encounter a child of this variety, can augment our usefulness by insisting upon the use of a little prophylactic psychotherapy, to the end that some of these patients may be rescued from their own inefficiencies? The great modern Democracy is bent on standardizing everything, as witness the disappearance of individuality in dress and the bobbing of every head of hair; in the schools every child is put through the same educational mill; in the movies the same type of mental vacuum is provided for all; our fiction, innocent of thought, is reeking with unhealthy emotions; music has been emptied of harmonies and cursed with jazz; and the automobile has brought us perilously near to perpetual motion. From this parlous state of things we shall, of course, emerge, but in the meantime, if we would secure the future of the rising generation, we can engage in no more productive labor than that which helps the child to a healthy mental development.

PRESCRIBING BY DRUGGISTS.

Our worthy allies in the practise of medicine in practically every community throughout the country are those men whose business signs read either Apothecary, Pharmacist or Druggist. From them the Medical Profession has been used to receiving such hearty co-operation and aid that the relations between the doctor who writes the prescription and the druggist who compounds it have been for the most part ideal. But even as individual members of the medical profession are at times guilty of actions harmful to others of the profession and to the community at large, so, too, the individual druggist is at times unable to resist the temptation to do certain things which are not within his rights. Of the deviation from the straight and narrow path which are particularly easy for the druggist as well as the doctor to follow may be mentioned, of course, those illicit dealings in liquor known as bootlegging which are at present such a bane to the whole country. But it is another and even more common error on the part of many pharmacists that the JOURNAL wishes to emphasize. This is the actual prescribing and attempting to treat disease. Mrs. Jones has a cold. She asks the druggist what is good for a cold and he sells her a remedy, not realizing, by the way, that she may have early pulmonary tuberculosis, or cardiac decompensation, or what not—and really be in need of expert advice. Mrs. Smith has the "rheumatiz" and asks the "Doc," as the country druggist is often called, what to do, and receives a bottle of something. In certain country districts where medical aid is not easily available it may be justifiable for the discerning druggist to allow himself a little more latitude in this matter than does his city colleague whose place of business is located within a stone's throw of the offices of several physicians, but if he does more than suggest the simplest measures for the most obvious and simplest of complaints he is exposing his customers to a very real danger and furthermore is acting in direct defiance of the law which, in the interest of public health, forbids anyone to practice medicine without a license. Fortunately the type of offence under discussion is not very common but still instances are sufficiently frequent in every community to justify the JOURNAL in calling the attention of the profession to the matter.

MEDICAL EXAMINATION OF MOTOR DRIVERS.

The body of the medical profession in the State of Rhode Island has never been very active in pushing forward the rights of the medical profession or in taking a leadership in many important civic matters. There have been a few members of our profession who have been illustrious examples of civic leadership and active in maintaining the rights and dignity of the profession. In the State of Connecticut during the past two years the medical profession has emerged from a rather long dormant period and exerted their rights before the State Legislature resulting in a real recognition of the profession as a factor to be reckoned with in matters of public betterment. Is it not time that the medical profession of this State took an active stand in a matter which deeply concerns the safety and welfare of the State—namely, in the insistence upon more careful examination of applicants for license to drive motor vehicles? This important matter is one in which physicians of the State are concerned not merely in the role of protectors of public safety, but because a medical principle is involved: namely, some medical examination of the applicants for license. Is it fair to have men and women licensed to drive automobiles who are color blind, who have serious defects of vision, who are feeble minded, or are suffering from mental disease? It is time that this aspect of a serious situation was brought before our State officials and that some medical examination was insisted upon by us before licenses are issued. Should this matter not be taken up before our State Society and pushed to its logical conclusion?

COMMON SENSE IN OUR TREATMENT OF DELINQUENTS

(*Continued from page 156*)

person back in the place he was born to fill, because I don't believe men were born to be put in jail or in insane asylums. Men were born to occupy the place that God made for them in the universe, and just the minute you pluck one of those men out of that social structure, just so much do you weaken the building.

Now the question comes out, can we place him back. In the first place, we will take the worst crime that can be committed. I don't believe, and I don't believe that there is a doctor here who believes, that any person ever committed a crime that was absolutely free from any excuse. It is not probable. Men were not created that way. You and I were not created to kill each other, and if we do kill each other there is some reason for it, and I believe that it is up to just such societies as this to pave the way to ascertain the reason for that breach of law. Now we will take the man who has committed the worst crime that can be thought of. I say there is an excuse somewhere, somehow, sometime, for that person committing that crime, and it is up to us to find out how that crime happened to be committed; not simply to find out did he commit it, but how did he happen to commit it. Finding out whether or not he did commit it is antiquated. The old system of "an eye for an eye, a tooth for a tooth" has gone out. I don't think any of us believe in that system of curing crime.

Now here is that person who has committed this atrocious crime, and it is easy enough to see that some way ought to be paved to in some way find an excuse for the committing of that crime, and I believe the first thing is always insanity; and it strikes me, as I have been interested in the trial of these criminal cases, although I have not tried any myself, that the one thing the doctors can do in helping us in a crime like that is to have some way in which the court can be aided by doctors and not bamboozled. I don't see how the judges or the jury can ever be aided by the doctors if three doctors one way and three doctors another testify opposite on absolutely the same questions. That is one way that seems to me in carrying on the practice of the criminal law and punishing the criminals that we can be helped by the doctors. It strikes me, somebody suggested, that we have the court appoint a commission of three doctors and let them examine the criminal and reason and "iron" out their differences before they report it to the court; let two rule and say nothing about what the third man thinks. I have enough confidence in the doctors to believe that in some way they will attempt to iron out the differences. As it is now, expert testimony does not seem to help us any, and it could help us a lot.

Now we come back to the criminal who has committed the worst crime that can be committed, and I say and firmly believe that if any excuse can be found for the man to return to society he should be returned to society. Forever keeping him out of society does society no good and does him harm. Now it has absolutely been proven that punishment is no deterrent for others. I don't believe anybody here will argue that today, although most of us go on that theory, that we have got to stop others from doing it. But it doesn't stop them from doing it. If a man gets mad with another man tonight to the extent that he wants to kill him, he will kill him, and he does not think of what happened to a fellow for doing the same thing a few months ago. Take the highest criminal courts. There is no doubt that the man who commits the most atrocious crimes is the man who is the craziest. Maybe you doctors believe it, but you cannot make me believe that a man who will hammer another man's head in with a hammer or hatchet, I cannot believe that he is right in his head. A doctor who will testify that the man knows the difference between right and wrong is a joke. Most men know the difference between right and wrong, but that would not stop him from doing it at all.

The greatest conundrum in the state is the lapse between the reform school and state prison. A child, boy or man must either go to the reform school or to state prison. Now I think that is absolutely wrong. A boy eighteen or nineteen years old has been brought up in an environment that he was not to blame for. He was educated in an environment that he cannot take himself away from. His education and environment does not bring him on the same plane that the teaching that your mother and my mother gave us at her knee did for us, and I don't believe it is half as much a crime for that boy to commit a crime as for you or I, and I believe that there should be some place where that boy could be taught and associated with people to bring to his nature the right way of living. Take a boy eighteen years old today. We do it every day. He is given a deferred sentence. I have lost faith in that today. He has committed that crime because he has been educated and lived in an environment that almost

breeded that crime. We give him a deferred sentence and send him back to the same environment and the same place in life he has occupied, and you have not done him a bit of good. I believe he should be raised up and then turned back into the place he ought to occupy in the social structure. I think that every person instead of being beguiled and degraded in some manner and somehow until they will either be found guilty or say they are guilty, every effort should be made to find out why they committed that crime, what excuse they have for it; and if they have any excuse, the credit of it should be given to him and some way influence should be brought to bear so he could be returned back to his place in life.

Now there is just one other thing I want to think about before we enter into discussion. I don't believe there is any way of classing criminals. I think that it is nonsensical to class criminals. Every person is a personality, and that personality is entitled to recognition. When you take six or seven criminals and say they have all got to go to jail for a year a piece, that is foolish. There are no six men, no two men, who can commit a crime under absolutely the same excuses and conditions, and we are too prone in our courts and the public is too prone to say that there is a class of criminals. There is no class of criminals. Every person has lived his life as he has lived it, and every crime he commits he commits in accordance with the way he has lived his life unless he is mentally sick. I say every criminal should be considered as a personality. Now today there is a great hue and cry in the newspapers and by the public that every man who is arrested while driving an automobile while drunk ought to be hung. That is absolutely foolish and nonsensical, and as long as I am Attorney General all of them that deserve it will go to jail and I will send them there if I can do it. But I don't believe any man should say that every man who is arrested for driving while drunk should be sent to jail. It is not the right thing to do. It is not the right thing to do to get drunk, but when you talk about sending a man to jail for driving an automobile while drunk, don't lose sight of the fact that there were no laws for sending them to jail before there were automobiles. All of you may disagree with me, and I don't care if the newspaper will holler their heads off, but if I think a man will be ruined by sending him to jail for driving while drunk I will discontinue the case. I don't believe it will stop the other fellow from driving his automobile while drunk.

That is one of the things I want to speak about. There are lots of crimes that are committed that involve no moral turpitude, as we might say, but those cases have got to be handled mighty carefully or the social structure will be more or less dilapidated. If you pull a unit out of the social structure because some man has committed some breach of the statutory law, you are not doing any better for the city, state or nation. Now I may be wrong in my thoughts, I may be an idealist or a dreamer, but I have not in a year and a half become a real prosecutor. I would rather follow the manner of that boy living in a house by the side of the road and be a friend of man than go down in my office and holler to send some man to jail, because I feel that I would do more of a duty to state and nation than to send any man to jail and protect society.

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DR. BLAIR: Mr. President, I am very glad to have the privilege to be here this afternoon and hear for the first time the new Attorney General. I believe Mr. Carpenter is a very broad minded man. I believe Mr. Carpenter has brought home to us a message that everyone is interested in, and we find it in daily life to contend with. As far as consuming any time whatever, I am just following out the mandates of the President. Instead of consuming any of the time of the many learned gentlemen who are here tonight I just want to go on record as saying that after a few years of practicing medicine I heartily agree with the Attorney General in the question of environment and education. We have had many questions passed on this, and many organizations are discussing the questions, and it all resolves itself after all into environment.

As a striking example, I saw a little girl eight years old who lives in the south part of the state, a "South County Cracker." She was brought to my office by her mother and was a little shy, and after playing with the little girl a while I managed to gain her confidence. And after gaining her confidence, I said "You don't like doctors

very well." She answered, "I don't like Dr. So-and-So, I would like to thumb my nose at him." That merely showed the environment in which the little girl was brought up. I asked the reason and she said "he was too gosh darned rough altogether." That is simply an illustration of the environment, and she must have learned that from her mother's knee or father's lap, and if it continues as she grows up, she will not be a desirable citizen of the South County.

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JUDGE RUECKERT: Mr. Chairman, I believe the Attorney General has made a very good exposition of the subject before us this afternoon. I am glad he has approached it from the humanitarian than from the strictly legal and juristic method, because I think there is more hope for accomplishing his ideal, as he expresses it, in appealing to those human instincts that we all possess. I am glad that he has shown that he has faith in human nature and believes in the brotherhood of man. Now the illustration of the house made up of bricks and each making up a unit is a very good one. Unfortunately the bricks we have to deal with are not made of clay, and when one of those bricks gets out of order you are going to have a great deal more trouble in setting the house frame than if you had bricks made of mortar.

It is to be regretted that we have to have jails, but as society is constituted today we have still got to have them. I think society has a duty to perform even there. An individual who becomes a menace to society and who endangers the lives and property of others has got to be kept in custody and safeguarded so as to protect the lives and property of society. I think society has a second duty. It is not enough that society keep him in custody. It has got a second duty to perform, to correct that man and make something of him. It is the duty of society and of the government to understand that man and see what his trouble is, what his difficulties are, and what brought him to that. In the course of my experience in the criminal courts of this state I have tried to see if I could learn the principles that underlie the conduct of men in their relationship to society at large, and formulate some system or reform by which that conduct can be regulated and controlled. And it is a very complicated matter and little understood.

We have a criminal code and criminal laws in abundance. While they may be well formulated, it is a crude and simple form of system at best, and it seems to me that they do not fit into our modern complicated social system. Here in our city we have all kinds of offenses committed, and the number is steadily increasing. In Providence during 1923 we had on our docket in the Sixth District Court some thirty-seven hundred criminal cases, and that simply shows the cases that have been uncovered and brought to light. It does not begin to touch the large number that reach far into the thousands that are never brought to light.

Now I do not find in reading the books of law that are published on this matter, or in reading the decisions of the courts, very little satisfaction, very little instruction as to how to better the condition of society that is bad, and perhaps still growing worse and worse. Then our law has made very little progress in the last hundreds of years, and yet there are a few things that the law has done, that legislators have done, and that the medical fraternity has done, that are steps in the right direction. I think probation laws are a step in the right direction. The juvenile courts I think are a step in the right direction. I think indeterminate sentences bring criminals more under control, and then you have the conduct of the courts and legislatures in dealing with persons who are insane and mentally defective and feeble minded. Contrary to the methods of dealing with these people in the years gone by, that seems to give me encouragement and the hope that there is a way out of our problem and a way to solve it that will be consistent with the principles of humanity as expressed by the Attorney General.

Now why do these few modern phases of betterment—why do they point in the direction in which I think we all ought to go? In the first place they recognize that crime, wrongdoing and delinquency have their roots in heredity and environment. The majority of the criminal cases we have in the courts began in childhood. They are the consequence of bad heredity, bad bringing up, bad environment, and bad and evil tendency; undoubtedly weaknesses and defects of character. Now you have applied your system of correcting this in your institutions for the feeble minded,

and you do what you can to alleviate it in your insane hospitals. I think we might go a step farther and take those men who are committed and work out your problems the same as you have in the hospitals for the insane and the institutions for the feeble minded. It requires an entirely different system from the judicial system that we have today, a different kind of workshop. You see something of that in the make up and equipment of the juvenile court. In the case of a child who is brought in for delinquency you have got to find out something of his environment, something of his parenthood, something of his weaknesses and habits, in order to be able to do something with that child, in order to bring him up to a normal and correct way of living. Now doesn't that furnish a clue to the matter? You have got to construct in dealing with criminals, with those who violate the laws of the land, those who don't obey the state's commands. It does not matter whether it is speeding on the open road or driving an automobile in a drunken condition, larceny, or burglary or murder. We are dealing, just as the Attorney General says, with human beings that have some good in them, and that good ought to be brought out and the weaknesses or defects examined. I think institutions for the restraint of these men have got to be kept, and we have got to have a different arrangement and system in dealing with those who are kept in these institutions. I think society owes it to them and to itself, and, as the Attorney General says, see if you cannot rehabilitate those men, and I think it can be done. I think physicians are working today on those who are nervous and neurotic and out of normal. Many of you physicians and other physicians are working today trying to rehabilitate them. If you can do it outside our jails, you can do it inside.

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MR. BURKE: I am here as a guest today and appreciate very much the opportunity of hearing the Attorney General. There are just two questions I have on my mind. Particularly I would like to hear the Attorney General discuss what he would like to have done for the boy from eighteen years up. We might perhaps have another institution, an intermediary institution, a development of our probationary system, and what would be the reaction of that particular age, which we all recognize is a serious problem.

Secondly, I was reminded of an address which some of us heard in Washington by Dean Powell of Harvard Union on the subject of preventing justice, and it is a most gripping thing to me that attorneys, physicians and social workers today who are alive to the matter are discussing and thinking in very rational terms of prevention.

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DR. SCAMMAN: I was very glad to hear the Attorney General, and I don't think after his presentation and Judge Rueckert's excellent covering of the whole field that I have very much to add, but I would like to say that it seems to me that the possibilities in a juvenile court are tremendous, and it seems to me, too, that there are tremendous possibilities for the education of the public. I think that, as one of the speakers brought out, we need to have everybody know that perhaps it is possible by common sense and by humanitarian impulses to do a great deal of good with a criminal, so called.

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DR. ———: Mr. President, all I can say is that I am heartily in accord with the Attorney General. I believe society in the last few years is waking up to conditions, and that child welfare societies should strike the root of the trouble and in the future remedy this matter.

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MR. ———: I think the subject raised by the Attorney General is an intensely interesting one. There is one point that interested me very much and that was how to prevent ever taking the brick out of the social structure, and instructing him as to his proper conduct. How could you prevent that bad brick from going back into the same environment and the same circumstances, and that is one of the principal difficulties.

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MR. BOSS: I am one of the baby members of the society. I don't know whether my twin is here tonight or not. I know that in many of the deliberative bodies it is not proper for the newly elected members to say anything. They ought to

keep their mouths shut and listen for a year. But I have been called upon to say something, and I feel under compulsion. When I came into the room tonight I said to the Attorney General that I knew nothing about the subject he was to talk on and he could go as far as he liked and he would meet with no opposition from me.

I think we will all admit that punishment is no deterrent in the case of unpremeditated crimes, but how about the rest, how about the other things? Suppose we neglect to punish in the case of premeditated crimes? Take the instance of the bobbed hair bandit. If they can poke their pretty faces in every store and push their guns up in the storekeeper's face and get away without punishment, and the press features the accounts, bobbed haired bandits will be fashionable. It seems to me that illustrated that there must be punishment in the case of premeditated crimes. I hope we are reaching the day when the ideal mentioned by the Attorney General will be an accomplished fact.

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Dr. ———: I think that the general idea that pervades the discussion here tonight is that the criminal is more to be pitied than scorned. I have in mind a story I heard of an Indian being brought to court for slander, and when he was asked his name and address, not a word out of his mouth. After several questions with no better result, his attorney got up and said "You can see my client cannot be guilty. He doesn't know the English language enough to even follow Your Honor." The verdict was "not guilty." Following that case a young attorney at the bar was defending another case, and after half an hour or more of talking by the young attorney the verdict was "guilty." After leaving the court room the Indian happened to be right behind the young attorney who had lost his case, and said "White lawyer talk too damn much."

We must bear in mind the cunning of criminals and not extend our sympathy too far.

* * *

Dr. Cummings: I feel that I am unable to discuss this subject for lack of experience. I have been always impressed with the viciousness and cunning of criminals. Just before coming to this meeting I had the occasion to see a young fellow seventeen years old whom I had had examined by a neurologist, and in the course of the conversation I was a little surprised to hear that he was absolutely dissatisfied with his occupation. He has a good position and impressed me as being a chap who would rather be a street corner lounger or fashion plate. That type I think, unless suppressed by a cool-headed father, would easily develop into a criminal such as we are discussing here tonight. As I say, I have had very little experience and would like to hear from others who have had more.

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Mr. C. G. Edwards: I very much regret that I arrived after the Attorney General was finished, and missed a very stimulating and interesting talk. I quite agree with the many suggestions that have already been made, and apparently made by the Attorney General, and after all reformation is an element we cannot mention too often. In dealing with criminology it is like so many other human questions, we cannot do what is wise and we have to make our adjustments in view of the human requirements of the community. It is a helpful fact that we are getting away from the idea of vengeance but I am inclined to believe that there is considerable purpose for the feeling that a man must be punished because he has committed a crime. It is unfortunate that that is one of the elements that we have to reckon with in our problem. As Dean Powell of Harvard Law School has pointed out in his pamphlet he has issued, perhaps in some cases if you don't punish a man the people themselves will administer the punishment. That is an element that is very much to be deplored, but we have to reckon with popular clamor. I hope it is a thing we can overcome with popular discussion. In the meantime the suggestions that have been made by the Attorney General are all for the best.

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Mr. L. H. Putnam: Due to the fact that I heard only the last three minutes of the Attorney General's remarks, I think my remarks must be brief.

After spending several days with Dr. Coue, an American once said to him, "Doctor, your formula is all right, but it is too long." "Why is it too long?" Dr. Coue asked, "All I use is 'Every day in every way I am getting better and better.' What formula would you as an American suggest?" The American replied, "I would simply say 'Hell, I'm well.'"

The Attorney General referred to a house by the side of the road. Out on Pontiac Avenue there is a house, and over on the other side there is another cottage by the side of the road. One houses the criminals from eighteen up, and the other from eighteen down to a very tender age, and I am wondering how much we as members of society are accepting our personal responsibilities toward those boys. That brings me to my second thought. We have heard of the curative work and prevention work, but do something that prevents the prevention work. That is the personal work that you and I as citizens of Rhode Island ought to do. We have responsibilities. We can talk all we want to about environment, we can legislate, but unless you and I do our part to help improve the environment, do them some personal good in the contact that should exist between persons and thus improve that environment, all our efforts are nil.

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JUDGE DUBOIS: I did not hear any of Mr. Carpenter's address and consequently I don't know what went on, but Dr. Kelley suggested to me to say something about what has been done and is being done in the army by the military authorities. I think that the working of the practice in the army is leading up to this new thought. It is not their idea to punish every man who commits a crime; that was not their first idea. If a soldier commits a crime the commanding officer of that post or division appoints an officer to investigate this soldier. He has a personal interview with him, finds out the crime, the cause of it, and what led up to it. He goes into detail into the soldier's character, his environment, his bringing up. He tries to find out if there is any criminal instinct which was born in the soldier. In fact the investigating officer, I might say, gets down to brass tacks. There must be some reason for the commission of this particular crime, and it is the province of this investigating officer to find out what it is, and to make his recommendation to his commanding officer. As I see it, it is not the thought in the army or in the service to immediately railroad this man, force him immediately into a trial and pronounce punishment. To be sure the law of practice in the army is to give a man a fair, full and impartial trial, and as expeditiously as conditions will warrant, and comparing the conditions with our practice in the state trials, I do feel that a soldier in the service gets a fairer trial and a more impartial trial than he does in the state courts. While he is heard by a jury who are not his peers, being all officers, he does get what I consider a fairer trial than in our civil courts.

I am very sorry that I was not able to hear Mr. Carpenter, because really I have nothing on which to base my statements. Dr. Kelley suggested that I present this phase of the situation as it occurs in the army.

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DR. RUGGLES: Dr. Latham and I were just saying that the forty minutes must be about used up. There is one point I want to speak of. I think we are all in hearty agreement with the Attorney General. It is delightful to see in that position a citizen who is both an idealist and an optimist. I think he might even have gone a step farther and said what we needed was not only the personal consideration of the causes surrounding the crime but what we needed was a campaign of prevention to study the causes that lead to the prevention of crime. We are all quite in agreement that these boys and girls should have every possible form of assistance from our help, from our regulation of society, so that they are kept from crime; but we are facing today the spectacle of our state legislature passing a bill that would turn out of the state school system boys and girls that are handicaps to society. Understand that they cannot get their working papers until they are fourteen. I cannot think of anything that will fill the courts any more than the passage of the bill that would turn out boys and girls who cannot read or write. What could you expect of a girl turned out because it is said she would be a help to her mother? I have no doubt that the profession of the prostitute

would much more appeal to her than the dish washing. What could be expected of that girl but a life of crime? Isn't the stealing of an automobile and joy-riding much more to be desired than sawing wood and working in the garden? Yet we are facing the spectacle of the legislature putting these boys and girls out into the community. Are we not going to do anything for those boys and girls? If it could be brought to our honest consideration we would not see the State of Rhode Island take that backward step. It is our duty to see that they get a square deal.

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MR. HERBERT L. CARPENTER: I don't want anybody to get into their minds that I don't believe in punishment, but I don't believe in punishment as a penalty. I believe the punishment should be such a punishment that it should be a curative rather than a penalty. I agree with Mr. Boss that people must be punished by imprisonment, but it must be such a punishment that it is curative rather than a deterrent. It is not a deterrent. That is why I say that persons must be placed according to their ability. One gentleman asked what was my idea regarding boys of eighteen. I believe that the control in the Sockanosset School should be carried on. We are all grown up children. Go on. The same can be done for a man of twenty-five as for a boy in the Sockanosset School. Most crimes are committed by boys over eighteen because they have no interest in life. See if you cannot give them some interest in life, something to do to improve their mind, that they have something to do in building up the social structure. That is my idea. I believe we have to punish, but dont believe in the idea that we ought to punish and that is all. You don't get anywhere by taking a criminal and giving him fifteen or twenty lashes. That does not cure him. That does not give him a new vista in life. Mr. Dubois said he did not hear what I said. I think somebody must have told him.

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MR. KENNY: I am afraid I am not qualified to speak on this, and I am particularly interested in what has been made so much of here, the environment, and the more that I come in contact with the boys and girls, both in the city and rural districts, it is apparent to me that there is something good in all of them, as has been so well brought out this afternoon. I am still of the opinion that there is a lot that can be done along that line and should be done to prevent this great number that are coming into the institutions, before the courts, and getting into trouble, and I fully agree with the sentiment expressed by the Attorney General in this humanitarian side of it, and in getting back of the trouble early in trying to cure it, and putting a larger proportion of the efforts of society into reaching and developing the good in those boy and girls as they are growing up; finding it, and not only that but giving them an interest in life so great and interesting to them that they will not be street corner loafers and get into environments that tend to criminal punishment later.

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DR. RUGGLES: I would like to say one word more. I think it ought to be called to our attention that we have much information which if applied would be helpful. We have learned that much is due to physical causes. Very many cases today have only a physical difficulty, which if removed removes the mental disease, and that knowledge properly applied in the schools, together with the knowledge our psychology tests give us, gives us a lot of information and teaches us not to expect a boy with an eight year mentality to do fifteen year old work. I think that will give us a better knowledge and understanding of the first treatments, and if we can work at the maximum will help us to prevent an appreciable amount of crime.